## PART B - FEE(S) TRANSMITTAL

DEC 1 4 2004	his form, together wi		or <u>Fax</u>	P.O. Box 1450 Alexandria, Vi (703) 746-4000	for Patents rginia 22313-1450	
INSTRUCTIONS: This as appropriate. All furthe Co- indicated unless corrected maintenances to the control of the maintenances to the control of the control o	rm should be used for trar rrespondence including the below or directed otherwise ns.	nsmitting the ISSU Patent, advance of in Block 1, by (a	JE FEE and PUI rders and notifica a) specifying a ne	BLICATION FEE (if re tion of maintenance fees w correspondence addre	quired). Blocks 1 through 5 sh s will be mailed to the current ss; and/or (b) indicating a separ	could be completed where correspondence address as rate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address 7590 09/14/2004				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
Clyde R. Wallace, Jr 5412 Savoy Court Cape Coral, FL 33904				I hereby certify that States Postal Servic addressed to the M transmitted to the U	Certificate of Mailing or Transist this Fee(s) Transmittal is being e with sufficient postage for firs fail Stop ISSUE FEE address SPTO (703) 746-4000, on the day	mission g deposited with the United it class mail in an envelope above, or being facsimile ate indicated below.
2/15/2004 EAREGAY2 00000078 10004265				Clyde R	Wallace , Jr.	(Depositor's name)
01 FC:1504 02 FC:1506				12/9/04		(Signature)
APPLICATION NO.	FILING DATE	FIRST NAME		VENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/004,265 TITLE OF INVENTION: S	10/31/2001 ECURE NETWORK USER	STATES	Clyde Riley Wa	llace JR.	WALPT01C1	3900
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665		\$300	\$965	12/14/2004
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Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED OF			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  THE PATENT (print or type)			
PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN	_			on the patent. If an assifiling an assignment.  (CITY and STATE OR C	ignee is identified below, the do	ocument has been filed for
4a. The following fee(s) are  Issue Fee	e assignee category or category enclosed:	46	A check in the			up entity Government
Advance Order - # of		The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).				
	(from status indicated above MALL ENTITY status. See		☐ b. Applicant	is no longer claiming SM	IALL ENTITY status. See 37 CF	FR 1.27(a)(2)
					usly paid issue fee to the applicate egistered attorney or agent; or the	
Authorized Signature	Authorized Signature			Date	12/09/04	
Typed or printed name Clyde Wallace, Ir.			Registration No.			
The Admid to, The Inta 22313	1730.				y the public which is to file (and 2 minutes to complete, including comments on the amount of tim and Trademark Office, U.S. Depa SS. SEND TO: Commissioner for it displays a valid OMB control	